

# Private Duty Nursing (Independent) Billing Session

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Billing Information, Reference &  
CHAMPS Implementation



# Agenda

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- General Information
- Provider Enrollment (review)
- Eligibility
- Prior Authorization
- Claims and Other Insurance
- Resources
- Questions



## Who Can provide PDN services?

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- Registered Nurse (RN) licensed to practice in MI

**OR**

- Licensed Practical Nurse (LPN) licensed to practice in MI under the supervision of an RN (an on-site supervised visit is required once every two months)



## PDN is a Covered Service under:

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- Medicaid for children under 21
- Home and Community-Based Services Waiver for the Elderly and Disabled
  - MI Choice Waiver
- Community Mental Health Services Programs
  - Children's Waiver
  - Habilitation Supports Waiver



## PDN Services

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- Must be ordered by a physician
- Authorized by the Program Review Division (PA), Medical Services Administration, or by case managers under the MI Choice, Children's, & Habilitation Supports Waivers.



# National Provider Identification (NPI)

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# REPORTING PROVIDER NPI

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- A Type 1 (Individual) NPI is the number associated with an individual healthcare professional (e.g., MD, DDS, CRNA, LPN, RN, etc.)
- A Type 2 (Group) NPI is the number required for organizations (such as clinics, group practices, and incorporated individuals) who provide healthcare services and receive payment.
  - The Group NPI must be reported in the billing provider loop or field
  - Do not enter the Type 2 (Group) NPI as the rendering provider

**Note:** A claim will reject if the NPI is missing or the reported NPI is invalid as it does not check digit and/or correctly crosswalk to the Provider Enrollment files for these provider loops or fields



# Provider Enrollment

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# Provider Enrollment

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- Updating Provider Information
  - Online updating
  - Can do at any time
  - Required upon license expiration to update provider information
- Domain Access
  - Each Application has a Provider Domain Administrator
  - Can have multiple Provider Domain Administrators
  - Can give system access to other users
  - Can give limited access



# Fee-For-Service Profiles

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- Domain Administrator
  - Can add users or update domains under Admin Tab
- CHAMPS Full Access
  - Has full FFS access to Provider Enrollment, Prior Authorization, Eligibility and Claims
    - Has no Domain Administrator rights (i.e. updating/adding domains)
- CHAMPS Limited Access
  - Has view only access to Provider Enrollment and full FFS access Prior Authorization, Eligibility and Claims




# Fee-For-Service Profiles Continued...

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- Prior Authorization Access
  - Has access to PA system only
- Eligibility Inquiry
  - Has access to Eligibility Only
- Provider Enrollment Access
  - Has full Access to the PE system
- Provider Enrollment View Access
  - Has View only access to PE system
- Claims Access
  - Has access to Claims system only

Welcome to MMIS - Microsoft Internet Explorer



My  
Inbox

Admin

Provider

Claims

Reference

Member



TPL

Rate  
Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [redacted] domain and CHAMPS Full Access profile. Links: [Select--]



Path: Provider Portal/ Prior Authorization/ Provider Portal

NPI: [redacted]

Name: [redacted]

Menu

Provider Portal:

Online Services:

Provider

Initiate New Enrollment

Manage Provider Information

Track Application

Admin

Archived Documents

Claims

Submit Institutional Claim Inquiry

Submit Dental

Submit Professional

Member


Eligibility Inquiry

Prior Authorization

PA Inquire

PA Request List

Welcome!



Community Health Automated Medicaid Processing System

My Reminders:

Filter By: [dropdown] [input] [input] Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !					

Page ID: pgProviderPortal(Provider)

Environment: UAT\_R4 (Build: R5-1.37)

Server Time: 07/08/2009 12:04:14 EDT



# Managing Your Information

---



Path:




Select a Domain: PDN Provider RN 1073750113 IND \*

Select a Profile: Provider \* Go



Welcome to MMIS - Microsoft Internet Explorer



My Inbox

Admin

Provider

Claims

Reference

Member

TPL


Rate Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider LPN 1558369041 IND domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Individual Modification/ Provider Portal/ Provider Portal/ Individual Modification/ Provider Portal

NPI: 1558369041

Name: FRSSDJH, NULVWLQ

Menu

Provider Portal:

Online Services:

Provider

Initiate New Enrollment

Manage Provider Information

Track Application

Admin

Archived Documents

Claims

Submit Institutional

Claim Inquiry

Submit Dental


Submit Professional

Member

Eligibility Inquiry

Prior Authorization

Welcome!



Community Health Automated Medicaid Processing System

My Reminders:

Filter By: 

Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !					


Page ID: pgProviderPortal(Provider)

Environment: B2BPPROD (Build: R5-1.38)

Server Time: 07/07/2009 02:55:33 EDT



Business Process Wizard Modification - Microsoft Internet Explorer



My Inbox

Admin

Provider

Claims

Reference

Member

TPL


Rate Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider LPN 1558369041 IND domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Individual Modification/ Provider Portal/ Provider Portal/ Individual Modification  
NPI: 1558369041  
Name: FRSSDJH, NULVWLQ

Menu

Close

Undo Update

Select a step to update information

View/Update Provider Data - Individual:

Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 3: Specialties	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 4: Associate Billing Provider	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 6: Mode of Claim Submission	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 7: Associate Billing Agent	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 8: Ownership Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 9: Taxonomy Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 10: View Servicing Provider Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 11: Complete Modification Checklist	Required	01/29/2009	01/29/2009	Incomplete		
<input type="checkbox"/>	Step 12: Submit Modification Request for Review	Required	01/29/2009	01/29/2009	Complete		

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Viewing Page 1

Next >>

1

Go

Page Count

SaveToXLS


You DO NOT have to complete the "Complete Modification Checklist" step unless you are updating information within the application.

Page ID: pgBPWIndividualUpdate(Provider)

Server Time: 07/07/2009 02:54:29 EDT



Business Process Wizard Modification - Microsoft Internet Explorer



My Inbox

Admin

Provider

Claims

Reference

Member

TPL


Rate Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider LPN 1558369041 IND domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Individual Modification/ Provider Portal/ Provider Portal/ Individual Modification/ Provider Portal/ Individual Modification

NPI: 1558369041

Name: FRSSDJH, NULVWLQ

Menu

Close

Undo Update

View/Update Provider Data - Individual:

Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	07/07/2009	01/29/2009	Complete	Updated	
<input type="checkbox"/>	Step 3: Specialties	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 4: Associate Billing Provider	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 6: Mode of Claim Submission	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 7: Associate Billing Agent	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 8: Ownership Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 9: Taxonomy Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 10: View Servicing Provider Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 11: Complete Modification Checklist	Required	01/29/2009	01/29/2009	Incomplete		
<input type="checkbox"/>	Step 12: Submit Modification Request for Review	Required	01/29/2009	01/29/2009	Incomplete		Modification Request has not been Submitted.

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Next >>

1

Go

Page Count

SaveToXLS

Page ID: pgBPWIndividualUpdate(Provider)

Environment: B2BPPROD (Build: R5-1.38)

Server Time: 07/07/2009 03:00:05 EDT

Step is now  
marked  
"Updated"

Business Process Wizard Modification - Microsoft Internet Explorer

CHAMPS

My InboxAdminProviderClaimsReferenceMemberTPLRate SettingPAContract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider LPN 1558369041 IND domain and Provider profile.

Links: --Select--

?

Path: Provider Portal/ Individual Modification/ Provider Portal/ Provider Portal/ Individual Modification/ Provider Portal/ Individual Modification  
NPI: 1558369041Name: FRSSDJH, NULVWLQ

Menu

CloseUndo Update

View/Update Provider Data - Individual:

Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	07/07/2009	01/29/2009	Complete	Updated	
<input type="checkbox"/>	Step 3: Specialties	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 4: Associate Billing Provider	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 6: Mode of Claim Submission	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 7: Associate Billing Agent	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 8: Ownership Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 9: Taxonomy Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 10: View Servicing Provider Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 11: Complete Modification Checklist	Required	01/29/2009	01/29/2009	Incomplete		
<input type="checkbox"/>	Step 12: Submit Modification Request for Review	Required	01/29/2009	01/29/2009	Incomplete		Modification Request has not been Submitted.

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Go

Page Count

SaveToXLS

Complete steps to finish modification

Page ID: pgBPWIndividualUpdate(Provider)Environment: B2BPPROD (Build: R5-1.38)Server Time: 07/07/2009 03:00:05 EDT

Microsoft Internet Explorer



The modification request has been submitted for State review. Return to CHAMPS to track the status of your request.

OK



Trusted sites



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider LPN 1558369041 IND domain and Provider profile.

Links: --Select--

Path: Provider Portal/ Individual Modification/ Provider Portal/ Provider Portal/ Individual Modification/ Provider Portal/ Individual Modification

NPI: 1558369041

Name: FRSSDJH, NULVWLQ

Menu

Close

Undo Update

## View/Update Provider Data - Individual:

## Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	07/07/2009	01/29/2009	Complete	In Review	
<input type="checkbox"/>	Step 3: Specialties	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 4: Associate Billing Provider	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 6: Mode of Claim Submission	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 7: Associate Billing Agent	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 8: Ownership Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 9: Taxonomy Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 10: View Servicing Provider Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 11: Complete Modification Checklist	Required	07/07/2009	01/29/2009	Complete	In Review	
<input type="checkbox"/>	Step 12: Submit Modification Request for Review	Required	01/29/2009	01/29/2009	Complete		

Status now  
marked "In  
Review"

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SaveToXLS

My  
Inbox

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Provider

Claims

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Rate  
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PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider LPN 1558369041 IND domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Individual Modification/ Provider Portal/ Provider Portal/ Individual Modification

NPI: 1558369041

Name: FRSSDJH, NULVWLQ

Menu

Close

Undo Update

## View/Update Provider Data - Individual:

## Business Process Wizard - Provider Data Modification (Individual).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 3: Specialties	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 4: Associate Billing Provider	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 5: Licenses and Certifications	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 6: Mode of Claim Submission	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 7: Associate Billing Agent	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 8: Ownership Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 9: Taxonomy Details	Required	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 10: View Servicing Provider Details	Optional	01/29/2009	01/29/2009	Complete		
<input type="checkbox"/>	Step 11: Complete Modification Checklist	Required	01/29/2009	01/29/2009	Incomplete		
<input type="checkbox"/>	Step 12: Submit Modification Request for Review	Required	01/29/2009	01/29/2009	Complete		

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SaveToXLS



# Mode of Claim Submission

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My  
Inbox

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Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Provider Portal/ Provider Portal/ Provider Portal/ UserList/ Provider Portal/ Facility Modification BPW

NPI: 1437267754

Name: PDALP KHDOWKF0UH VHUYPFHV LQF

Menu

Close

Undo Update

## View/Update Provider Data - FAO:

## Business Process Wizard - Provider Data Modification (FAO).

<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 2: Locations	Required	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 3: Specialties	Required	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 4: Licenses and Certifications	Required	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 5: Mode of Claim Submission	Required	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 6: Associate Billing Agent	Optional	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 7: Ownership Details	Required	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 8: Taxonomy Details	Required	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 9: View Servicing Provider Details	Optional	04/03/2008	04/03/2008	Complete		
<input type="checkbox"/>	Step 10: Complete Modification Checklist	Required	04/03/2008	04/03/2008	Incomplete		
<input type="checkbox"/>	Step 11: Submit Modification Request for Review	Required	04/03/2008	04/03/2008	Complete		

  
Click Mode  
of Claim  
Submission

&lt;&lt; Prev

Viewing Page 1

Next &gt;&gt;

1

Go

Page Count

SaveToXLS



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider LPN 1558369041 IND domain and Provider profile.

Links: --Select--



Path: [Provider Portal/ Individual Modification/](#)  
NPI: 1558369041

Name: FRSSDJH, NULVWLQ

Menu

Close Save

### Mode of Claim Submission Details:

You may check multiple Modes of Claim Submission.

Mode of Claim Submission: ☐ Data Exchange Gateway (DEG)

☒ Electronic Batch

☒ Billing Agent

☒ Online Direct Data Entry (DDE)

☒ Paper

Status: Approved





September 18,  
2009!



# Provider Enrollment

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- Go Live minus 17 calendar days all Provider Enrollment will be frozen, no changes will be allowed in either legacy or CHAMPS.
- All changes/modifications/additions in PE MUST be done prior to 17 days before Go Live.



## Managing Provider Information

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- Provider Enrollment will be frozen from August 28, 2009 through September 17, 2009, in order to complete system conversion. No changes will be allowed in either legacy or CHAMPS
- Includes any new enrollments or modifications to existing applications as well as any Domain Administrator functions
- All changes or modifications must be completed prior to August 28, 2009 or on or after the Go-live date of September 18, 2009



# Eligibility

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My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training.

Links: --Select--



Path: [Provider Portal](#)



Community Health Automated Medicaid Processing System

Select a Domain:  \*

Select a Profile:  \*

My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Provider RN 1073750113 IND domain and Provider profile.

Links:



Path: Provider Portal

NPI: 1073750113

Name: qhovrq, olagd

Menu

Provider Enrollment

## Provider Portal:

## Online Services:

## Provider

Hide/Max

[Initiate New Enrollment](#)  
[Manage Provider Information](#)  
[Track Application](#)

## Admin

Hide/Max

[Archived Documents](#)

## Claims

Hide/Max

[Submit Institutional](#)  
[Claim Inquiry](#)  
[Submit Dental](#)  
[Submit Professional](#)

## Member

Hide/Max

[Eligibility Inquiry](#)

## Prior Authorization

Hide/Max

Welcome!

Hide/Max



Community Health Automated Medicaid Processing System

My Reminders:

Filter By:

Go



Alert Type



Alert Message



Alert Date



Due Date




Read



No Records Found !

Welcome to MMIS - Microsoft Internet Explorer



My Inbox

Admin

Provider

Claims

Reference

Member



TPL

Rate Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile. Links: --Select--



Path: [Provider Portal](#)/ [Member Eligibility Inquiry](#)

Menu ▶

Close

Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH

MEMBER ELIGIBILITY INQUIRY:

SEARCH MA PENDING ELIGIBILITY: ☐

SERVICING PROVIDER NPI/PROVIDER ID:  \*

FILTER BY: 

---SELECT---

SSN:

LAST NAME:

FIRST NAME:

DATE OF BIRTH:

INQUIRY START DATE:  \*

INQUIRY END DATE:  \*

Enter required information and click Submit

Page ID: pgProvEnquiry(Member)

Environment: B2BPPROD (Build: R5-1.38)

Server Time: 07/08/2009 01:53:44 EDT

My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile.

Links:



Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level

Member ID: 0035483882

Name: SGZKCY, CKTKRR

Menu

Eligibility Inquiry

Close

INQUIRY DATE RANGE: 07/08/2009 - 07/08/2009  
GENDER: MALE  
PROVIDER LOCK-IN: N  
CASE NUMBER: X3060014A  
WORKER LOAD NUMBER: 820910  
CSHCS RESTRICTIONS: N  
MHP PCP: N

DATE OF BIRTH: 08/20/2006  
COMMERCIAL / OTHER: Y  
DHS PHONE: (646) 694-0633  
COUNTY OF RESIDENCE: 82-WAYNE  
DHS COUNTY: 82-49-GRAND RIVER/WARREN

## BENEFIT PLANS:

BENEFIT PLAN ID ▲▼	BENEFIT PLAN TYPE ▲▼	PROVIDER ID ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
MA	FEE FOR SERVICE		03/12/2009	07/08/2009	07/08/2009
HK-DENTAL	MANAGED CARE		03/12/2009	07/08/2009	07/08/2009

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1

Go

Page Count

SaveToXLS

## LEVEL OF CARE AUTHORIZATIONS:

LOC ▲▼	SOURCE PROVIDER ID ▲▼	NPI ▲▼	CHAMPS PROVIDER ID ▲▼	PATIENT PAY ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
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No Records Found !





My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile.

Links:



Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level

Member ID: 0035483882

Name: SGZMKCY, CKTJKRR

Menu

Eligibility Inquiry

Close

INQUIRY DATE RANGE: 07/08/2009 - 07/08/2009  
GENDER: MALE  
PROVIDER LOCK-IN: N  
CASE NUMBER: X3060014A  
WORKER LOAD NUMBER: 820910  
CSHCS RESTRICTIONS: N  
MHP PCP: N

DATE OF BIRTH: 08/20/2006  
[COMMERCIAL / OTHER: Y](#)  
DHS PHONE: (646) 694-0633  
COUNTY OF RESIDENCE: 82-WAYNE  
DHS COUNTY: 82-49-GRAND RIVER/WARREN

click blue  
hyperlink for  
more information

#### BENEFIT PLANS:

BENEFIT PLAN ID ▲▼	BENEFIT PLAN TYPE ▲▼	PROVIDER ID ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
MA	FEE FOR SERVICE		03/12/2009	07/08/2009	07/08/2009
HK-DENTAL	MANAGED CARE		03/12/2009	07/08/2009	07/08/2009

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SaveToXLS

#### LEVEL OF CARE AUTHORIZATIONS:

LOC ▲▼	SOURCE PROVIDER ID ▲▼	NPI ▲▼	CHAMPS PROVIDER ID ▲▼	PATIENT PAY ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
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No Records Found !

My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level/ TPL

Member ID: 0035483882

Name: SGZKCY, CKTJKRR

Menu

Close no access

SEARCH BY: MEMBER ID: 0035483882 no access

MEMBER:

MEMBER ID: 0035483882

NAME: SGZKCY, CKTJKRR

DOB: 08/20/2006

INSURANCE DETAILS:

FILTER BY: All ACTIVE/INACTIVE: Active Go

INSURANCE NAME ▲▼	PAYER ID ▲▼	COVERAGE TYPE ▲▼	GROUP NUMBER ▲▼	POLICY NUMBER ▲▼	POLICY HOLDER ID ▲▼	DATE LAST UPDATED ▲▼	BEGIN DATE ▲▼	END DATE ▲▼
NORTHWOOD INC	40372005	MS	00272036	XYH894052979	363862417	02/20/2009	08/20/2006	12/31/2999
BCN PHARMACY	00029020	RX	32544006	XYH894052979	363862412	02/20/2009	07/21/2008	12/31/2999
BCN	28214005	PH	32544006	XYH894052979	363862412	02/20/2009	07/21/2008	12/31/2999

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SaveToXLS

My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile.

Links: --Select--

Path: [Provider Portal](#)/ [Member Eligibility Inquiry](#)

Menu

Close

Submit

TO SUBMIT AN ELIGIBILITY INQUIRY ON A SPECIFIC MEMBER, COMPLETE ONE OF THE FOLLOWING CRITERIA SETS AND CLICK 'SUBMIT'.

- MEMBER ID/CLIENT IDENTIFICATION NUMBER(CIN)/PENDING ELIGIBILITY RID OR
- LAST NAME, FIRST NAME AND DATE OF BIRTH OR
- LAST NAME, FIRST NAME AND SSN OR
- SSN AND DATE OF BIRTH

## MEMBER ELIGIBILITY INQUIRY:

SEARCH MA PENDING ELIGIBILITY: ☐SERVICING PROVIDER NPI/PROVIDER ID:  \*FILTER BY: --SELECT-- SSN: LAST NAME: FIRST NAME: DATE OF BIRTH: INQUIRY START DATE:  \*INQUIRY END DATE:  \*

**Enter required  
information and  
click Submit**

My  
Inbox

Admin

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Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile.

Links:



Path: Provider Portal/ Member Eligibility Inquiry/ Member Benefit Level

Member ID: 0012956184

Name: CORROGSY, OTJOG N

Menu

Eligibility Inquiry

Close

INQUIRY DATE RANGE: 07/08/2009 - 07/08/2009  
GENDER: FEMALE  
PROVIDER LOCK-IN: N  
CASE NUMBER: X1428214A  
WORKER LOAD NUMBER: 821617  
CSHCS RESTRICTIONS: N  
MHP PCP: N

DATE OF BIRTH: 12/30/1980  
COMMERCIAL / OTHER: N  
DHS PHONE: (067) 514-1537  
COUNTY OF RESIDENCE: 82-WAYNE  
DHS COUNTY: 82-18-TAYLOR

## BENEFIT PLANS:

BENEFIT PLAN ID ▲▼	BENEFIT PLAN TYPE ▲▼	PROVIDER ID ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
MA-MC	MANAGED CARE	4318627	03/12/2009	07/08/2009	07/08/2009
MA	FEE FOR SERVICE		03/12/2009	07/08/2009	07/08/2009

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## LEVEL OF CARE AUTHORIZATIONS:

LOC ▲▼	SOURCE PROVIDER ID ▲▼	NPI ▲▼	CHAMPS PROVIDER ID ▲▼	PATIENT PAY ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
07 - RECIPIENT ENROLLED IN MEDICAID MANAGED CARE	4318627		4318627	0	03/12/2009	07/08/2009	07/08/2009

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Contract/MC

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and Provider profile.

Links:

Path: [Provider Portal](#) / [Member Eligibility Inquiry](#) / [Member Benefit Level](#)

Member ID: 0012956184

Name: CORROGSY, OTJOG N

Menu

Eligibility Inquiry

Close

INQUIRY DATE RANGE: 07/08/2009 - 07/08/2009  
GENDER: FEMALE  
PROVIDER LOCK-IN: N  
CASE NUMBER: X1428214A  
WORKER LOAD NUMBER: 821617  
CSHCS RESTRICTIONS: N  
MHP PCP: N

DATE OF BIRTH: 12/30/1980  
COMMERCIAL / OTHER: N  
DHS PHONE: (067) 514-1537  
COUNTY OF RESIDENCE: 82-WAYNE  
DHS COUNTY: 82-18-TAYLOR

## BENEFIT PLANS:

BENEFIT PLAN ID ▲▼	BENEFIT PLAN TYPE ▲▼	PROVIDER ID ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
MA-MC	MANAGED CARE	4318627	03/12/2009	07/08/2009	07/08/2009
MA	FEE FOR SERVICE		03/12/2009	07/08/2009	07/08/2009

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## LEVEL OF CARE AUTHORIZATIONS:

LOC ▲▼	SOURCE PROVIDER ID ▲▼	NPI ▲▼	CHAMPS PROVIDER ID ▲▼	PATIENT PAY ▲▼	TRANSACTION DATE ▲▼	START DATE ▲▼	END DATE ▲▼
07 - RECIPIENT ENROLLED IN MEDICAID MANAGED CARE	4318627		<a href="#">4318627</a>	0	03/12/2009	07/08/2009	07/08/2009

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click [blue hyperlink](#)  
for more information

[My  
Inbox](#)[Admin](#)[Provider](#)[Claims](#)[Reference](#)[Member](#)[TPL](#)[Rate  
Setting](#)[PA](#)[Contract/MC](#)

Welcome Outreach, Training. You have logged-in with **Dr John Rambo GROUP 1023196458** domain and **Provider** profile.

Links:



**Path:** [Provider Portal](#) / [Member Eligibility Inquiry](#) / [Member Benefit Level](#) / [Provider Summary](#)

**Member ID:** 0012956184

**Name:** CORROGSY, OTJOG N

Menu

Close

#### PROVIDER INFORMATION SUMMARY:

SOURCE PROVIDER ID: 4318627

NPI:

CHAMPS PROVIDER ID: 43186

PROVIDER NAME: MOLINA HEALTHCARE

PROVIDER TYPE:

ADDRESS: 100 W BIG BEAVER RD STE  
600

CITY: TROY

STATE: MI

ZIP: 48084

PHONE/CONTACT: 1111210292

SPECIALTY:



## Additional Eligibility System Information

---

- Maximum date range of a single inquiry allowed is 90 days
- Eligibility can be checked for up to 1 year
  - Example:
    - July 22, 2008-October 22, 2008
    - October 23, 2008-January 23, 2009
    - January 24, 2009-April 24, 2009
    - April 25, 2009-July, 22 2009



# Additional Eligibility Information

---

- Single Inquiry are Real-Time transactions
- Batch Transactions are processed overnight
  - Maximum batch of 99 beneficiary inquiries
    - Can only submit batch via 270 transaction through DEG
    - Response information will be provided by CHAMPS (via 271 transaction)





# Additional Eligibility Information

---

- System database updates:
  - FFS Benefit Plans - nightly
  - CSHCS & MOMS – realtime
  - MIChild – nightly
  - Healthy Kids Dental – monthly
  - MHP Primary Care Physician – variable
  - TPL – realtime
  - Pending Eligibility ID's – weekly



# Prior Authorization

---



# Prior Authorization

---

- Private duty nursing services **MUST** be ordered by a physician and authorized before services are provided by a RN or LPN
- Providers will have the ability to submit for differing authorization periods
  - No longer restricted to monthly authorizations
  - Authorization period will depend on diagnosis and documentation submitted



# Prior Authorization

---

- Factors that affect the prior authorization of PDN services include:
  - Available third party sources
  - Beneficiary/family choice
  - Beneficiaries medical needs and age
  - Knowledge and appropriate nursing skills needed for the specific case
  - Understanding of the concept and delivery of home care and proximity to appropriate services and healthcare organizations in the area



## Prior Authorization (Current Process)

---

### **Program Review Division (PA) (form: MSA-0732)**

- Medicaid Coverage

### **Case Management Services**

- Children's Waiver
- Habilitation  
Supports Waiver
- MI Choice Waiver



# PA Request List

---



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Inbox

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Welcome Outreach, Training.

Links: --Select--



Path: [Provider Portal](#) / [Individual Modification](#) / [MyInbox](#) / [Provider Portal](#)



Select a Domain: PDN Agency 1437267754 \*

Select a Profile: PA Provider \* Go

[My  
Inbox](#)[Admin](#)[Provider](#)[Claims](#)[Reference](#)[Member](#)[TPL](#)[Rate  
Setting](#)[PA](#)[Contract/MC](#)

Welcome Outreach, Training. You have logged-in with PDN Agency 1437267754 domain and PA Provider profile.

Links: [--Select--](#)Path: [Provider Portal](#)

NPI: 1437267754

Name: PDALP KHDOWKFEDUH VHUYLFHV LQF

[Menu](#)

Provider Portal:

Online Services:

[Provider](#) [Hide/Max](#)[Admin](#) [Hide/Max](#)[Claims](#) [Hide/Max](#)[Member](#) [Hide/Max](#)[Prior Authorization](#) [Hide/Max](#)[PA Inquire](#)[PA Request List](#)

Welcome!

[Hide/Max](#)

Community Health Automated Medicaid Processing System

My Reminders:


Filter By:

<input type="checkbox"/>	Alert Type ▲▼	Alert Message ▲▼	Alert Date ▲▼	Due Date ▲▼	Read ▲▼
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No Records Found !



PA Requests - Microsoft Internet Explorer



My Inbox

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Provider

Claims

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Welcome Outreach, Training. You have logged-in with **PDM Provider RN 1073750113 IND** domain and **PA Provider** profile.

Links: --Select--



Path: [Provider Portal](#) / [Individual Modification](#) / [MyInbox](#) / [Provider Portal](#) / [Provider Portal](#) / [Prior Authorization](#) / [Provider Portal](#) / [Provider Portal](#) / [Prior Authorization](#)

Menu

Close

Add New Request

PA Request List:

Filter By :  And 

Go

Page View	Beneficiary ID	Tracking No.	Status	Org	NPI	Requestor ID	Last Updated	Request Date
-----------	----------------	--------------	--------	-----	-----	--------------	--------------	--------------

No Records Found !

Click on Add New Request to start new PA

Page ID: PARequestInfo(PA)

Environment: B2BPPROD (Build: R5-1.38)

Server Time: 07/07/2009 03:18:37 EDT



PA Request - Requestor, Subscriber Information:

Request Date: 07/07/2009

Requestor:

Requestor ID:

Requestor NPI: 1437267754



Would you like to add additional identification or contact information? ☒ No ☐ Yes [Show Details](#)

Subscriber:

Identification Code Qualifier: MI-Member Identification Number \*

Identification Code:  \*

Gender:  \*

DOB:  \*

If patient's condition is accident related, enter date:

If the onset of the Subscriber symptoms or illness is known and different than diagnosis date, enter date:

Is patient's condition pregnancy related? ☒ No ☐ Yes [Show Details](#)

Would you like to add additional Subscriber identification? ☒ No ☐ Yes [Show Details](#)

**Enter required  
information and  
click Next**



[Next](#) [Cancel](#)



PA Request - Diagnosis Information:

<input type="checkbox"/>	Diagnosis Code ▲▼	Description ▲▼	Diagnosis Type ▲▼	From Date ▲▼	To Date ▲▼
--------------------------	----------------------	-------------------	----------------------	-----------------	---------------

No Records Found !



**Click add to enter  
Diagnosis information**



?

PA Request - Diagnosis Information:

<input type="checkbox"/>	Diagnosis Code ▲▼	Description ▲▼	Diagnosis Type ▲▼	From Date ▲▼	To Date ▲▼
No Records Found !					

Welcome to MMIS - Microsoft Internet Explorer

?

Diagnosis Codes:

Code:  \*

Type:  \*

From Date:

To Date:

**Enter code and type and click submit**

Done Trusted sites

Add Delete Back Next Cancel Cancel Request



PA Request - Diagnosis Information:

<input type="checkbox"/>	Diagnosis Code ▲▼	Description ▲▼	Diagnosis Type ▲▼	From Date ▲▼	To Date ▲▼
<input type="checkbox"/>	3588	MYONEURAL DISORDERS NEC	BF-Diagnosis	07/07/2009	07/07/2009

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SaveToXLS

**Diagnosis code  
populates. Click Add to  
add another code or  
click Next to continue.**



Add Delete Back Next Cancel Cancel Request



PA Request - Service Review Information:

Service From Date: 07/07/2009 \*

Service To Date: 07/31/2009 \*

Service Type: Private Duty Nursing \*

Release of Information: \*

Request Category: \*

Certification Type: I-Initial \*

Facility Code Qualifier: B-Place of Service Code \*

Previous Certification Identifier: \*

Facility Code Value: 12-Home \*

Current Health Condition: \*

Level of Service: \*

Delay Reason Code: \*

Prognosis Code: \*

Would you like to add more service information? ☒ No ☐ Yes

Show Details

Has Medical Necessity information been sent? ☐ No ☒ Yes

Show Details

Is patient's condition accident, employment or third party related? ☒ No ☐ Yes

Show Details

Remarks:

Use the Remarks field to provide details of the Service information in case the requestor does not know the procedure codes.

**Enter all required  
information and click  
Next**



Back Next Cancel Cancel Request



Tracking No.: 1000000030  
Beneficiary ID: 0035483882

Beneficiary Name: SGZNKCY, CKTJKRR



PA Request - Service Provider Information:

<input type="checkbox"/>	Name ▲▼	ID ▲▼	NPI ▲▼	Provider Code ▲▼	Contact Name ▲▼	Communication Qualifier ▲▼	Communication Number ▲▼
--------------------------	------------	----------	-----------	---------------------	--------------------	-------------------------------	----------------------------

No Records Found !

Click Add by ID to  
enter Service Provider  
information



Add by ID Delete Back Next Cancel Cancel Request



Welcome to MMIS - Microsoft Internet Explorer

Tracking No.: 1000000030  
Beneficiary ID: 0035483882  
Beneficiary Name: SGZKCY, CKTJKRR

PA Request - Service Provider Information:

	Name	ID	NPI	Provider Code	Contact Name	Communication Qualifier	Communication Number
<input type="checkbox"/>	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼	▲▼

No Records Found !

Welcome to MMIS - Microsoft Internet Explorer

Service Provider by ID:

Service Provider ID:  Service Provider NPI:   
Provider Code:   
Service Provider Taxonomy Code:   
Requestor Remarks:   
**Enter required information and click Submit**

Page ID: ServiceProviderById(f



PA Request - Service Provider Information:

<input type="checkbox"/>	Name ▲▼	ID ▲▼	NPI ▲▼	Provider Code ▲▼	Contact Name ▲▼	Communication Qualifier ▲▼	Communication Number ▲▼
<input type="checkbox"/>	DOSHQD JHQHUDO KRVSLWDO		1417997578			TE-Telephone	(212) 689-1373

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Go

Page Count

SaveToXLS

Click Next to  
continue

Add by ID

Delete

Back

Next

Cancel

Cancel Request

	Tracking No.: 1000000030	 
	Beneficiary ID: 0035483882	
Beneficiary Name: SGZNKCY, CKTJKRR		

PA Request - Procedures Information:

<input type="checkbox"/>	Procedure Code ▲▼	Code Qualifier ▲▼	Quantity ▲▼	Amount ▲▼	From Date ▲▼	To Date ▲▼	Status ▲▼
--------------------------	----------------------	----------------------	----------------	--------------	-----------------	---------------	--------------

No Records Found !

Click Add to  
enter Procedure  
information



Add	Delete	Back	Next	Cancel	Cancel Request
-----	--------	------	------	--------	----------------

Welcome to MMIS - Microsoft Internet Explorer

Tracking No.:  
Beneficiary ID:

PA Request - Procedures Inform

Procedure Codes:

Service From Date: 01/01/2009      Service To Date: 01/31/2009

Code Qualifier: BO-HCPCS Procedure Code \*      Description: Nursing care in home RN

Code: S9123 \*      To Date: 01/31/2009 \*

From Date: 01/01/2009 \*

Providers Associations:

Service Provider: 1417997578 \*

Modifiers:

Modifier 1:      Modifier 2:      Modifier 3:      Modifier 4:

Quantity and Amount:

Quantity:      Amount:      Remarks:

Page ID: ProceduresInfo(PA)

Page ID: ProcedureDetails(PA)

Change Service Date      Submit      Cancel

Cancel Request

Complete required and any additional information and click Submit



Tracking No.: 1000000525  
Beneficiary ID: 0035483882

Beneficiary Name: [REDACTED]

PA Request - Procedures Information:

<input type="checkbox"/>	Procedure Code ▲▼	Code Qualifier ▲▼	Quantity ▲▼	Amount ▲▼	From Date ▲▼	To Date ▲▼	Status ▲▼
<input type="checkbox"/>	S9123	BO-HCPCS Procedure Code			01/01/2009	01/31/2009	Requested

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Page Count

SaveToXLS

Click Next to  
continue with PA



Add Delete Back Next Cancel Cancel Request



Tracking No.: 1000000525

Beneficiary ID: 0035483882

Beneficiary Name: MATHEWS, WENDELL

PA Request - Request Navigator:

- Would you like to add additional patient condition information? ☐
- Are you sending additional service information? ☐
- Are you requesting home oxygen therapy? ☐
- Does the patient require non-emergency ambulance transport certification? ☐
- Do the services requested have a specific pattern of delivery or usage? ☐
- Are you requesting certification for admission? ☐
- Are you requesting approval of spinal manipulation services? ☐
- Are you requesting home health care, private duty nursing, or services by a nurses agency? ☒

**Check the box that  
pertains to PDN  
providers and click  
Next**

Back Next Cancel Cancel Request



Tracking No.: 1000000525

Beneficiary ID: 0035483882

Beneficiary Name: MATHEWS, WENDELL

## PA Request - Home Health Care Information:

Use when requesting certification for Home Health Care, private duty nursing, or services by a nursing agency

Prognosis Code: 4-Good \*

Home Health Start Date: 01/01/2009 \*

Home Health Certification From Date:

Home Health Certification To Date:

Skilled Nursing Facility Indicator: N-No \*

Medicare Coverage Indicator: N-No \*

Certification Type: Initial \*

Related Surgery Date:

Product/Service Code Qualifier:

Product/Service Code:

Physician Order Date:

Last Visit Date:

Physician Contact Date:


Last Admission From Date:

Last Admission To Date:

Patient Location Code:



Complete required  
information and  
click Next



Back Next Cancel Cancel Request RequestNav





PA Request - Submitted:

Prior Authorization was submitted to State for review on 07/08/2009.

Tracking No.: 1000000523

Requestor Transaction Set Control Number: 1

Submitter Transaction Identifier: 1000000523




**Click Finish to  
Exit PA**



Finish

PA Requests - Microsoft Internet Explorer



My Inbox

Admin

Provider

Claims

Reference

Member



TPL

Rate Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [REDACTED] IND domain and Prior Authorization Access profile. Links: --Select--



Path: Provider Portal/ Prior Authorization/ Provider Portal/ Prior Authorization


Menu

Close

Add New Request

PA Request List:

Filter By : [ ] And [ ] Go

Page View ▲▼	Beneficiary ID ▲▼	Tracking No. ▲▼	Status ▲▼	Org ▲▼	NPI ▲▼	Requestor ID ▲▼	Last Updated ▲▼	Request Date ▲▼
	0035483882	1000000525	Requested	PA - DEFAULT	1558369041		07/08/2009	07/08/2009

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Page Count:

SaveToXLS


Page ID: PAResultInfo(PA)Environment: UAT\_R4 (Build: RS-1.37)Server Time: 07/08/2009 03:19:50 EDT



# PA Inquire

---

Welcome to MMIS - Microsoft Internet Explorer



My  
Inbox

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TPL

Rate  
Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [redacted] domain and CHAMPS Full Access profile. Links: --Select--



Path: Provider Portal/ Prior Authorization/ Provider Portal

NPI: [redacted]

Name: [redacted]

Menu ▶

Provider Portal:

Online Services:

Provider

Initiate New Enrollment

Manage Provider Information

Track Application

Admin

Archived Documents

Claims

Submit Institutional

Claim Inquiry

Submit Dental

Submit Professional

Member


Eligibility Inquiry

Prior Authorization

PA Inquire

PA Request List

Welcome!



Community Health Automated Medicaid Processing System

My Reminders:

Filter By: [dropdown] [input] [input] Go

<input type="checkbox"/>	Alert Type	Alert Message	Alert Date	Due Date	Read
No Records Found !					

Page ID: pgProviderPortal(Provider)

Environment: UAT\_R4 (Build: R5-1.37)

Server Time: 07/08/2009 12:04:14 EDT



My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [REDACTED] domain and CHAMPS Full Access profile. Links: --Select--



Path: [Provider Portal/ PA Inquire](#)

Menu

Close Submit

PA Inquire:

Tracking No.:  \*

**Enter PA tracking  
number and click  
Submit**

My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Welcome Testuser, Provider. You have logged-in with [REDACTED] domain and CHAMPS Full Access profile. Links: --Select--

Path: [Provider Portal](#) / [PA Inquire](#) / [PA Utilization](#)

Menu

Close

## PA Utilization:

Tracking No.: 1000000523  
Beneficiary ID: 0031320888  
Service: Private Duty Nursing  
Request Date: 7/8/2009  
Service Start Date: 1/1/2009  
Requestor NPI: 1437267754  
Requestor ID:

Authorization Status: Requested  
Beneficiary Name: [REDACTED]  
Organization: PA - DEFAULT  
Last Updated Date: 7/8/2009  
Service End Date: 1/31/2009  
Requestor Name: [REDACTED]  
Source of Request: DDE-278 Provider

Line #	Servicing Prov NPI	Servicing Prov ID	Code	Mod1	Mod2	Reqst Units	Reqst \$ Amount	Auth Units	Auth \$ Amount	From Date	To Date	Status
1	1417997578		0582					0	0.00	01/01/2009	01/31/2009	Requested
2	1417997578		S9124			2000		2000	0.00	01/01/2009	01/31/2009	Requested

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# Additional PA System Information

---

- Submit PA through CHAMPS or by current process (review division or case management)
- A letter will be sent detailing outcome of PA and an electronic version will be stored on the provider portal screen under Admin
  - Examples of Letters
    - Approval, Denial, No Action, Returned, etc..
  - Letter will include
    - Resolution, procedure code, authorization dates, units, etc.





## Additional PA System Information

---

- Cannot bill until status is Approved
- Cancel button will take you out of your PA
- Cancel Request button will cancel the request for the PA and change to status to cancelled
- **Provider must keep the PA letter for PDN services in the beneficiary's record**



# Billing

---



## MI AuthentiCare

---

- The contract between the Medicaid Program and First Data Government Solutions (FDGS) will expire on September 30, 2009. Effective October 1, 2009, Medicaid will no longer use MI AuthentiCare to process PDN claims.



# MI AuthentiCare

---

What does this mean?

- Effective for dates of service on and after September 21, 2009 PDN services must be billed directly to Medicaid
  - Independent RNs and LPNs: must bill according to the CMS-1500 or 837 Professional claim formats.
- There will no longer be an automatic record of the PDN hours worked, a more detailed service log will now be required



# Service Log

---

## Requirements:

- Must be beneficiary specific
  - Beneficiaries name and birth date located in the header portion of the document
- In cases where the nurse is caring for two or more beneficiaries in a home, a separate service log for each beneficiary must be maintained



# Service Log

---

Name	Date of Service	Start Time	Stop Time	Units*	Nurse Signature & Date	Parent/Caregiver Signature & Date
(name RN/LPN)	06/04/09	8:03am	12:01pm	16		
(name RN/LPN)	06/04/09	12:30am	4:45pm	19		
(name RN/LPN)	06/05/09	8:00am	4:03pm	32		
(name RN/LPN)	06/06/09	8:00am	1:00pm	20		

\*Refer to the Billing and Reimbursement for Professional Providers Chapter, Section 6.15.C. Payment in 15 minute Increments.

**The Date of the nurse's signature must be the same as the date of service. The date of the parent/caregiver signature should be within one week of the date of service.**



# Timekeeping

---

Private duty nursing is paid in 15-minute increments. In the event an increment of service is less than 15 minutes, the following rule applies:

<b>Duration of Service</b>	<b>Units Billed</b>
<b>Less than 8 minutes</b>	<b>0</b>
<b>8-15 minutes</b>	<b>1</b>

Example: 53 minutes of service = 4 units  
42.5 minutes of service = 3 units



# Billing Codes

---

- HCPCS Codes
  - S9123: Nursing care, in the home; by registered nurse, per hour
  - S9124: Nursing care, in the home; by licensed practical nurse, per hour
- Modifier TT
  - Description: Individualized service provided to more than one patient in same setting
  - Special Instructions: Use this modifier with procedure codes S9123 and S9124 when private duty nursing services are being provided to more than one beneficiary at one time.





# Exceptional Cases

---

- For ratios of more than 2 patients per nurse, the provider must contact the Program Review Division or the patient's case manager if services are covered under a Waiver



## Holidays (Additional Reimbursement)

---

- New Year's Day
- Easter
- Memorial Day
- 4<sup>th</sup> of July
- Labor Day
- Thanksgiving Day
- Christmas

**\*Note: A holiday begins at 12:00 am and ends at 12:00 midnight of that day**



## Other Insurance

---

- It is the responsibility of the family, private duty nursing agency, RN or LPN to assess, investigate and exhaust all commercial insurance for the beneficiary prior to billing Medicaid
- CHAMPS will NO longer bypass edits
  - Example: BCBS



# Claim Corrections

---

- Private Duty Nurses will no longer be restricted to 14 calendar days from date of service to submit a correction
  - MDCH billing limitation rules apply
    - Refer to the General Information for Providers Chapter, Section 10.3. Billing Limitation of the Medicaid Provider Manual



# Claims

---



# Billing Requirements

---

## ○ Report:

- Place of Service: Indicate Home
- Service Dates: Each date of service must be on separate service lines
- Hours/Units: Each service line must have number of units of care in the Days or Units item for D.O.S.
- Prior Authorization: Must be recorded
- Billable Units: total must not exceed the total authorized \*(Hours, not increments receive authorization)

**Note: Claims should not be submitted until service log has been completed**



# Professional Claims

---

Independent PDN's will have 3 options to Submit PDN claims to MDCH:

1. Electronic HIPAA compliant 837 uploads to our Data Exchange Gateway (DEG)
2. MDCH approved Billing Agent
3. Direct Data Entry (DDE)



## Electronic Billing (837 files)

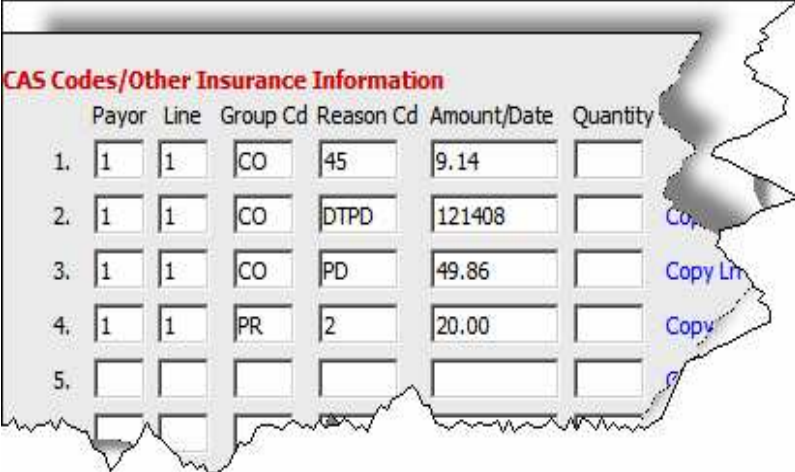
---

- Billing NPI information-Loop 2010AA, NM109
  - Individual/Rendering NPI information- Loop 2310B
  - Referring NPI (Ordering Physician) information- Loop 2310A
  - Prior Authorization- Loop 2300, REF, Qualifier G1



# Common Reason Codes (CAS Codes)

- 1 = Deductible Amount
- 2 = Coinsurance Amount
- 3 = Co-pay
- 45 = Contractual amount
- 96 = Non-covered charges



	Payor	Line	Group Cd	Reason Cd	Amount/Date	Quantity
1.	1	1	CO	45	9.14	
2.	1	1	CO	DTPD	121408	
3.	1	1	CO	PD	49.86	
4.	1	1	PR	2	20.00	
5.						

Complete list:

[www.wpc.edi.com/codes](http://www.wpc.edi.com/codes)



## Electronic Remittance Advice - 835

---

- 835 submitted to requested billing agent through Data Exchange Gateway (DEG)
- First time designations must be done in CHAMPS.  
**The 835 is sent only ONCE per Tax ID**
- Change Request form may be found at [www.michigan.gov/tradingpartners](http://www.michigan.gov/tradingpartners) >> Policy and Forms
  - 835/277U Change Request Form
- Provider WILL continue to receive paper RA's as well as the 835
- Note: When CHAMPS is live, paper RA will discontinue unless provider has designated a RA address



# Electronic Billing/Billing Agents

---

- Information found at:  
[www.michigan.gov/tradingpartners](http://www.michigan.gov/tradingpartners)
- Companion Guides
- B2B Testing Information
- Approved Billing Agents (Vendor)
- Send all Electronic Billing questions to [AutomatedBilling@michigan.gov](mailto:AutomatedBilling@michigan.gov)



# Direct Data Entry CHAMPS

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# Claims

---

## **The new Claims sub-system will allow providers to:**


- Submit claims through the DDE tool
- Inquire on claims (3 years of data)
- Adjust (Replace) claims
- Void Claims
- Receive Electronic Remittance Advices
- Upload HIPAA compliant files

Select the Profile - Microsoft Internet Explorer

Welcome UB Center

Links: --Select--

Path:




**Select a Domain:** UB Center 1234567890 \*

**Select a Profile:** Provider

Go

Welcome to MMIS - Microsoft Internet Explorer

My InboxAdminProvide**Claims**ReferenceMemberTPLRate SettingPAContract/MC

Welcome UB Center You have logged-in with UB Center 1234567890 domain and Provider profile. Links: --Select--

Path: Provider Portal

NPI: 1234567890

Name: UB Center

Menu

Provider Portal:

Online Services:

Provider

Initiate New Enrollment

Manage Provider Information

Track Application

Admin

Claims

Submit Institutional

Submit Dental


Submit Professional

Member

Eligibility Inquiry

Prior Authorization

Welcome!



Community Health Automated Medicaid Processing System


My Reminders:

Filter By: 

Go

	Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/>	▲ ▼	▲ ▼	▲ ▼	▲ ▼	▲ ▼
No Records Found !					

Sub Menu - Microsoft Internet Explorer



My Inbox

Admin

Provider

Claims

Reference

Member

TPL



Rate Setting

PA


Contract/MC

UB Center    You have logged-in with **UB Center 1234567890** domain and **Provider** profile.    Links: 

--Select--

Path: [Provider Portal](#)

Menu 

Close

Choose an Option:

<a href="#">Claim Submission</a>	Claim Submission
<a href="#">Manage Claims</a>	Manage Claims
<a href="#">Inquire Claims</a>	Inquire Claims
<a href="#">RA List</a>	RA List
<a href="#">HIPAA</a>	To Manage HIPAA transactions



My  
Inbox

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Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Provider Test . You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal

Menu

Close

Choose an Option:

Submit Professional	Submit Professional
Submit Institutional	Submit Institutional
Submit Dental	Submit Dental
Search Template	Search Template

[My  
Inbox](#)[Admin](#)[Provider](#)[Claims](#)[Reference](#)[Member](#)[TPL](#)[Rate  
Setting](#)[PA](#)[Contract/MC](#)

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close

Submit Claim

Save as Template

Reset

**Professional Claim:**

Note: Asterisks (\*) denote required fields.

[Billing Instructions](#)**Basic Claim Info**[Billing Provider](#) | [Pay-To Provider](#) | [Beneficiary](#) | [Claim](#) | [Service](#)**PROVIDER INFORMATION****BILLING PROVIDER INFORMATION**

Provider ID: 10000000001 \* Type: NPI \* Taxonomy Code:

- ? Is the Billing Provider also the Pay-To Provider? ☒ Yes ☐ No
- ? Is the Billing Provider or Pay-To Provider also the Rendering Provider? ☒ Yes ☐ No
- ? Is this service the result of a referral? ☐ Yes ☒ No

[Top](#)**BENEFICIARY INFORMATION****BENEFICIARY**

Beneficiary ID: \*

Last Name: \* First Name: \* MI: Suffix:

Date of Birth: mm dd yyyy \* Gender: \*

Onset of Current Illness/symptom Date: mm dd yyyy Similar Illness/symptom Date: mm dd yyyy

- ? Does the beneficiary have insurance other than Medicaid? ☐ Yes ☒ No

[Top](#)**CLAIM INFORMATION****+ RELEVANT DATES**

My  
Inbox

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TPL

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Setting

PA

Contract/MC

Welcome Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close

Submit Claim

Save as Template

Reset

Does the beneficiary have insurance other than Medicaid?

☒ Yes☐ No**OTHER INSURANCE INFORMATION**  
**Other Subscriber Information**Payer Responsibility Code:  \*Payer ID Number:  \*Subscriber Last Name: Date of Birth:  mm  dd  yyyyInsured's Group or Policy Number:  \*Claim Filing Indicator :  \*Subscriber Member ID: First Name:  MI:  Suffix: Gender: Beneficiary's Relationship:  \*Total COB Payer Paid Amount: \$  \* [Add Another](#)

Top

**CLAIM INFORMATION**☒ **RELEVANT DATES**☒ **PRIOR AUTHORIZATION/CLIA**☒ **CLAIM NOTE**Is this claim accident related? ☐ Yes ☒ NoDoes this claim have backup documentation? ☐ Yes ☒ No**CLAIM DATA**Definit Account No:

My  
Inbox

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Provider Test

You have logged-in with **Provider Test 0000000001** domain and **Provider** profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close

Submit Claim

Save as Template

Reset

**CLAIM INFORMATION**☐ RELEVANT DATES☐ PRIOR AUTHORIZATION/CLIA☐ CLAIM NOTE☐ Is this claim accident related?☐ Yes ☒ No☐ Does this claim have backup documentation?☐ Yes ☒ No**CLAIM DATA**

Patient Account No.:

Medicaid Deductible Amount: \$

Diagnosis Codes: 1:  \* 2:  3:  4: **BASIC LINE ITEM INFORMATION****BASIC SERVICE LINE ITEMS**

Service Date From: mm dd yyyy \*

To: mm dd yyyy \*

Place of Service: \*

EMG : \*

Procedure Code: \*

Modifiers: 1:  2:  3:  4: 

Submitted Charges: \$ \*

Diagnosis Pointers: 1:  \* 2:  3:  4: 

Units/Quantity: \*

EPSDT/Family Planning:





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Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

## BASIC LINE ITEM INFORMATION

### BASIC SERVICE LINE ITEMS

Service Date From:	mm dd yyyy	To:	mm dd yyyy
	10 26 2008 *		10 26 2008 *
Place of Service:	11 *	EMG :	NO *
Procedure Code:	99222 *	Modifiers:	1: 2: 3: 4:
Submitted Charges:	\$ 135.00 *	Diagnosis Pointers:	1: 1 2: 3: 4:
Units/Quantity:	1 *		
EPSDT/Family Planning:			
Rendering Provider ID: (If different from header)		Type:	
National Drug Code:	Quantity:		

Add Service Line Item

Update Service Line Item

### Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units
	From	To		1	2	3	4	1	2	3	4		

Top



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Contract/MC

Welcome **Test** You have logged-in with **Provider Test 0000000001** domain and **Provider** profile.

Links: --Select--



Path: Provider Portal/ Submit Professional Claim/ Search Templates/ Submit Professional Claim

Menu

Close Submit Claim Reset

### BASIC SERVICE LINE ITEMS

Service Date From:	<input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/>	*	To:	<input type="text" value="mm"/> <input type="text" value="dd"/> <input type="text" value="yyyy"/>	*
Place of Service:	<input type="text"/>	*	EMG :	<input type="text"/>	*
Procedure Code:	<input type="text"/>	*	Modifiers:	1: <input type="text"/>	2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
Submitted Charges:	\$ <input type="text"/>	*	Diagnosis Pointers:	1: <input type="text"/>	2: <input type="text"/> 3: <input type="text"/> 4: <input type="text"/>
Units/Quantity:	<input type="text"/>	*			
EPSDT/Family Planning:	<input type="text"/>				
Rendering Provider ID: (If different from header)	<input type="text"/>		Type:	<input type="text"/>	Taxonomy Code: <input type="text"/>
National Drug Code:	<input type="text"/>	Quantity:	<input type="text"/>	Units:	<input type="text"/>

Add Service Line Item

Update Service Line Item

### Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$135.00

Click on Insurance Info to enter each Line's Insurance Information.

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units	
	From	To		1	2	3	4	1	2	3	4			
1	10/26/2008	10/26/2008	99222					1				135	1	Insurance Info

Copy

Delete

Top

My  
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Contract/MC

Welcome [redacted]. You have logged-in with [redacted] domain and **Provider** profile. Links: --Select--**Path:** Provider Portal/ Search Templates/ Submit Institutional Claim/ Search Templates/ Submit Institutional Claim/ Submit Claim Insurance Info

Menu

Close

Basic Claim Form

Reset

**Institutional Claim:**

Note: asterisks (\*) denote required fields.

[Billing Instructions](#)**INSURANCE INFORMATION**

To save the information, Click 'Basic Claim Form' button.

Does the Beneficiary have insurance other than Medicaid?

☒ Yes☐ No**OTHER INSURANCE INFORMATION****1. Service Line Other Payer Information**

Primary Payer Responsibility: [dropdown] \* Amount Paid: \$ [text] \*

1. Reason Code: [text] Amount: \$ [text] Adjustment Quantity: [text] [Add Another Reason Code](#)

2. Reason Code: [text] Amount: \$ [text] Adjustment Quantity: [text]

[Add Another Payer](#)



Welcome to MMIS - Microsoft Internet Explorer

CHAMPS

My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Welcome Test You have logged-in with Provider Test 0000000001 domain and Provider profile. Links: --Select--

Path: Provider Portal/ Submit Professional Claim/ Search Templates/ Submit Professional Claim/ Provider Portal/ Search Templates/ Submit Professional Claim

Menu

Close Submit Claim Save as Template Reset

**Professional Claim:**

Note: Asterisks (\*) denote required fields.

**Basic Claim Info**

Billing Provider | Pay-To Provider | Beneficiary

**PROVIDER INFORMATION**

BILLING PROVIDER INFORMATION

Provider ID: \* Type:

Is the Billing Provider also the Pay-To?

Is the Billing Provider or Pay-To Provider?

Is this service the result of a referral?

**BENEFICIARY INFORMATION**

BENEFICIARY

Beneficiary ID: \*

Last Name: \*

Date of Birth: mm dd yyyy \*

Onset of Current Illness/symptom Date: mm dd yyyy

Similar Illness/symptom Date: mm dd yyyy

Does the beneficiary have insurance other than Medicaid? Yes No

**Submitted Professional Claim Details:**

TCN: 2109016000000001000

Billing Provider ID: 0000000001

Billing Provider Name: Provider Test

Beneficiary ID: 1111111111

Beneficiary Name: Beneficiary, Test

Date of Service: 10/26/2008

Total Claim Charge: \$135.00

Total Number of Lines: 1

Print Close

Done Trusted sites





# CLAIMS Inquire

---

[My  
Inbox](#)[Admin](#)[Provider](#)[Claims](#)[Reference](#)[Member](#)[TPL](#)[Rate  
Setting](#)[PA](#)[Contract/MC](#)

Provider Test

You have logged-in with **Provider Test 0000000001** domain and **Provider** profile.

Links: --Select--

Path: [Provider Portal](#)

Menu

Close

## Choose an Option:

<a href="#">Claim Submission</a>	Claim Submission
<a href="#">Manage Claims</a>	Manage Claims
<a href="#">Inquire Claims</a>	Inquire Claims
<a href="#">RA List</a>	RA List
<a href="#">HIPAA</a>	To Manage HIPAA transactions



My  
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Provider Test

You have logged-in with **Provider Test 0000000001** domain and **Provider** profile.

Links: --Select--



Path: [Provider Portal](#)

Menu

Close

Choose an Option:

[Inquire Claim](#)

Inquire Claims - Provider



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Welcome **Provider Test** You have logged-in with **Provider Test 0000000001** domain and **Provider** profile.

Links: --Select--



Path: [Provider Portal/ Inquire Claims](#)

Menu

Close

## Inquire Claim:

Filter By : Beneficiary ID  And  And   
 With Status  Go

<input type="checkbox"/>	TCN ▲▼	From Date ▲▼	To Date ▲▼	Procedure Codes ▲▼	Submitted Charges ▲▼	Claim Status ▲▼	Approved Amount ▲▼	Paid Date ▲▼	Denial Reasons ▲▼	Beneficiary ID ▲▼
<input checked="" type="checkbox"/>	200812463148000	02/12/2007	01/18/2008	S0215	\$19.32	Paid	\$19.32			1111111111
<input type="checkbox"/>	200812463148100	01/25/2008	02/08/2008	S0215	\$16.10	Paid	\$16.10			1111111111
<input type="checkbox"/>	200812463148400	02/01/2008	02/22/2008	A0100, S0215	\$28.73	Paid	\$28.73			1111111111
<input type="checkbox"/>	200812463148500	02/26/2008	02/26/2008	S0215	\$2.07	Paid	\$2.07			1111111111
<input type="checkbox"/>	200812463159500	01/09/2008	01/09/2008	99402	\$110.00	Paid	\$88.05			1111111111
<input type="checkbox"/>	200812463162200	02/13/2008	02/13/2008	99402	\$110.00	Paid	\$88.05			1111111111
<input type="checkbox"/>	200812958453400	11/05/2007	11/05/2007	H2000, T1023	\$140.00	Paid	\$107.69			1111111111
<input type="checkbox"/>	200814255122100	03/12/2008	04/02/2008	S0215	\$3.68	DENIED	\$0.00		N149	1111111111

<< Prev

Viewing Page 1

Next >>

1

Go

Page Count:

SaveToXLS

Header TCN: 200812463148000	Name: <input type="text"/>
Beneficiary ID: <input type="text"/>	

Show: 

## Header Details:

TCN: <input type="text" value="200812463148000"/>	Claim Type: J - Professional	S Claim Comm Attachments List Claim Cutoffs Claim Enhancement Amounts Claim Notes Indicators Other Payers Information Related Causes Service Line List Situational Information
Original TCN: <input type="text"/>	Adjustment Source:	
No Of Lines: 6	Medicare: Y	
Related Cause: <input type="text" value="NO"/>		

Beneficiary ID: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>
Gender: <input type="text" value="F-Female"/>	DOB: <input type="text" value="12/25/1981"/>	Age: <input type="text" value="25"/>
Patient Account Number: <input type="text" value="NT00005888"/>		

Billing Provider ID: <input type="text"/>	Type: <input type="text" value="NPI"/>	Pay To Provider ID: <input type="text"/>	Type: <input type="text" value="Provider ID"/>	CLIA Number: <input type="text"/>
Rendering Provider ID: <input type="text"/>	* Type: <input type="text" value="NPI"/> *	Referring Provider ID: <input type="text"/>	Type: <input type="text" value="Provider ID"/>	
Auth #: <input type="text"/>		Auth #: <input type="text"/>		
Diagnosis Codes: 1: <input type="text" value="V0540"/> * 2: <input type="text" value="V0540"/> 3: <input type="text" value="V0540"/> 4: <input type="text" value="V0540"/> 5: <input type="text"/> 6: <input type="text"/> 7: <input type="text"/> 8: <input type="text"/>				

Submitted Charges: <input type="text" value="\$19.32"/>	Billed Amount: <input type="text" value="\$19.32"/>	Approved Amount: <input type="text" value="\$19.32"/>
Warrant/EFT Number: <input type="text"/>	RA Number: <input type="text"/>	RA Payment Date: <input type="text"/>



# Manage Claims (Adjust Claims)

---



Sub Menu - Microsoft Internet Explorer

**CHAMPS** My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile. Links: --Select--

Path: Provider Portal

Menu

Close

Choose an Option:

Claim Submission	Claim Submission
Manage Claims	Manage Claims
Inquire Claims	Inquire Claims
RA List	RA List
HIPAA	To Manage HIPAA transactions

Sub Menu - Microsoft Internet Explorer

**CHAMPS** My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile. Links: --Select--

Path: Provider Portal

Menu

Close

Choose an Option:

[Adjust/Void Claim Provider](#) Adjust/Void Claim Provider





My  
Inbox

Admin

Provider

Claims

Reference

Member

TPL

Rate  
Setting

PA

Contract/MC

Provider Test You have logged-in with **Provider Test.0000000001** domain and **Provider** profile.

Links: --Select--



Path: [Provider Portal/ Submit Professional Claim](#)

Menu

Close

## Adjust Claims:

TCN:

Go

Header TCN: 200808851340100	Beneficiary ID: <input type="text"/>	Name: <input type="text"/>
-----------------------------	--------------------------------------	----------------------------

Show:

- SELECT---
- Attachments List
- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Indicators
- Other Payers Information
- Related Causes
- Service Line List
- Situational Information

Header Details:

TCN: <input type="text" value="200808851340100"/>	Claim Type: J - Professional	S Claim S Comm
Original TCN: <input type="text"/>	Adjustment Source:	
No Of Lines: 2	Medicare: Y	
Related Cause: <input type="text" value="NO"/>		
Beneficiary ID: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>
Gender: <input type="text" value="M-Male"/>	DOB: <input type="text" value="10/28/1978"/>	Age: <input type="text" value="31"/>
Patient Account Number: <input type="text" value="2185107"/>		
Billing Provider ID: <input type="text"/>	Type: <input type="text" value="NP1"/>	Pay To Provider ID: <input type="text"/>
Rendering Provider ID: <input type="text"/>	* Type: <input type="text" value="NP1"/>	Type: <input type="text"/>
Auth #: <input type="text"/>		Referring Provider ID: <input type="text"/>
		Auth #: <input type="text"/>
Diagnosis Codes: 1: <input type="text" value="79800"/>	2: <input type="text"/>	3: <input type="text"/>
	4: <input type="text"/>	5: <input type="text"/>
	6: <input type="text"/>	7: <input type="text"/>
	8: <input type="text"/>	CLIA Number: <input type="text"/>
Submitted Charges: <input type="text" value="\$1,175.00"/>	Billed Amount: <input type="text" value="\$1,175.00"/>	Approved Amount: <input type="text" value="\$147.48"/>
Warrant/EFT Number: <input type="text"/>	RA Number: <input type="text"/>	RA Payment Date: <input type="text"/>

Adjust



Header TCN: 410900700000137000

Beneficiary ID: 1111111111

Name: Beneficiary



Adjust Claim:

Please enter the following information:

Adjustment Source: PIA-Provider Initiated AD \*

Comment:



OK

Cancel



# Manage Claims (Void Claims)

---

My  
Inbox

Admin

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Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile.

Links: --Select--

Path: [Provider Portal](#)

Menu

Close

## Choose an Option:

<a href="#">Claim Submission</a>	Claim Submission
<a href="#">Manage Claims</a>	Manage Claims
<a href="#">Inquire Claims</a>	Inquire Claims
<a href="#">RA List</a>	RA List
<a href="#">HIPAA</a>	To Manage HIPAA transactions

Sub Menu - Microsoft Internet Explorer

**CHAMPS** My Inbox Admin Provider Claims Reference Member TPL Rate Setting PA Contract/MC

Provider Test You have logged-in with Provider Test 0000000001 domain and Provider profile. Links: --Select--

Path: Provider Portal

Menu

Close

Choose an Option:

[Adjust/Void Claim Provider](#) Adjust/Void Claim Provider



My  
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Contract/MC

Provider Test You have logged-in with **Provider Test.0000000001** domain and **Provider** profile.

Links: --Select--



Path: [Provider Portal/ Submit Professional Claim](#)

Menu

Close

## Adjust Claims:

TCN:

Go

Header TCN: 200808651340100	Beneficiary ID: <input type="text"/>	Name: <input type="text"/>
-----------------------------	--------------------------------------	----------------------------

Show:

- SELECT--
- Attachments List
- Claim Cutbacks
- Claim Enhancement Amounts
- Claim Notes
- Indicators
- Other Payers Information
- Related Causes
- Service Line List
- Situational Information

Header Details:

TCN: <input type="text" value="200808651340100"/>	Claim Type: J - Professional	S Claim \$ Comm
Original TCN: <input type="text"/>	Adjustment Source:	
No Of Lines: 2	Medicare: Y	
Related Cause: <input type="text" value="NO"/>		
Beneficiary ID: <input type="text"/>	Last Name: <input type="text"/>	First Name: <input type="text"/>
Gender: <input type="text" value="M-Male"/>	DOB: <input type="text" value="10/28/1978"/>	Age: <input type="text" value="31"/>
Patient Account Number: <input type="text" value="2165167"/>		
Billing Provider ID: <input type="text"/>	Type: <input type="text" value="NP1"/>	Pay To Provider ID: <input type="text"/>
Rendering Provider ID: <input type="text"/>	* Type: <input type="text" value="NP1"/>	Referring Provider ID: <input type="text"/>
Auth #: <input type="text"/>		Auth #: <input type="text"/>
Diagnosis Codes: 1: <input type="text" value="79800"/>	2: <input type="text"/>	3: <input type="text"/>
	4: <input type="text"/>	5: <input type="text"/>
	6: <input type="text"/>	7: <input type="text"/>
	8: <input type="text"/>	
Submitted Charges: <input type="text" value="\$1,175.00"/>	Billed Amount: <input type="text" value="\$1,175.00"/>	Approved Amount: <input type="text" value="\$147.48"/>
Warrant/EFT Number: <input type="text"/>	RA Number: <input type="text"/>	RA Payment Date: <input type="text"/>

Adj Void Save Cancel



	<b>Header TCN:</b> 200807552989200	<b>Name:</b> <input type="text"/>
	<b>Beneficiary ID:</b> <input type="text"/>	

Void Claim:

Please enter the following information:

**Void Source:**  \*

**Comment:**



## Claims Additional Information

---

- **Providers can only inquire on claims submitted by the Billing NPI logged into the system**
- CRN (Claim Reference Number) is now referred to as TCN (Transaction Control Number)
- MDCH Edits and Explanation Codes will no longer be used, providers must refer to the HIPAA Reason and Remark Codes



# Resources

---



# Third Party Liability (TPL)

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- To correct or update Other Insurance (OI) information on the TPL file, submit documentation to:
  - Fax (517) 346-9817
  - Email: [TPL\\_Health@michigan.gov](mailto:TPL_Health@michigan.gov)
- Make sure to include:
  - Subject Line: "OI"
  - DOS, Beneficiary ID, Contract/Policy number, Termination Date, etc.
- An EOB from the other carrier is the preferred documentation.



# CHAMPS: Resources

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- [www.michigan.gov/mdch](http://www.michigan.gov/mdch)  
>>CHAMPS
- CHAMPS Help Line
  - 1-888-643-2408
  - [CHAMPS@michigan.gov](mailto:CHAMPS@michigan.gov)
  - Enter subsystem in subject of email (e.g., Claims, PA, PE, etc...)



# Medicaid Website

---

- [www.michigan.gov/mdch](http://www.michigan.gov/mdch)
- Provider Specific Info (Rates)
  - Provider Manual
    - Provider Tips
    - Biller B Ware
      - CHAMPS


MDCH - Michigan Department of Community Health - Microsoft Internet Explorer

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# Department of Community Health

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Birth, Death, Marriage and Divorce Records

Physical Health & Prevention

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**Providers**


Inside Community Health

Health Systems & Health Profession Licensing

michigan steps up  
michiganstepsup.org

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> Webcasts and Podcasts From the Director



The Michigan Department of Community Health has added podcasts as a new feature on the Web site. MDCH wants to further communicate our health message to you.

All podcasts will feature tips and information on various topics such as the benefits of maintaining a healthy heart, visiting a doctor and dentist routinely, eating the right foods and exercising.

The podcasts will be updated regularly to accompany various events and news related to health issues in Michigan. Please, enjoy this new tool as you take charge of your health.

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The Official State of Michigan Website

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**Quick Links**

- News Releases
- Careers & Internships
- Finding Free or Low-Cost Health Care
- Health Information Technology (HIT) Commission
- Office of Long-Term Care Supports and Services
- Influenza in Michigan
- Informed Consent for Abortion
- Find Shortcuts to MDCH Web Topics
- MDCH Brochures Available for Download
- Emerging Diseases
- Might I be eligible for benefits? Click here



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**Providers**


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## Providers




This website offers information for service providers, managed care organizations and trading partners related to healthcare programs administered by the Michigan Department of Community Health. Programs include Medicaid, Children's Special Health Care Services, Children's Waiver, Adult Benefits Waiver, MOMS, and Plan First!.

The website has been organized to assist users to easily locate pertinent information. For additional assistance providers and trading partners may contact Provider Support at 1-800-292-2550 or [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov).


**Providers**



**Managed Care**



**Trading Partners**



**Departments/Agencies**

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**Quick Links**

Trusted sites



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> Community Mental Health Services  
> Certificate of Need  
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**HOT TOPICS**

- CHAMPS

**Medicaid**  
Information about federal and state funded health care program that provides comprehensive health care coverage for the medically indigent.

**Mental Health & Substance Abuse**  
Information about Mental Health & Substance Abuse

**Abuse**

**Other Health Care Programs**  
includes Adult Benefits Waiver, Healthy Kids Dental, MI Choice, MOMS, Plan First!, PACE

**Provider Enrollment**  
Access provider enrollment forms and information, as well as instructions for initiating Electronic Funds Transfers (EFT)

**Eligibility Verification System**  
Access information and options available related to verifying beneficiary eligibility.

Trusted sites

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Providers

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please email [MSAPolicy@michigan.gov](mailto:MSAPolicy@michigan.gov).

### HOT TOPICS

- [CHAMPS](#)
- [Biller "B" Aware](#)
- [Provider Tips](#)
- [Documentation EZ Link](#)



Get information about **Policy and Forms** like the Medicaid Provider Manual, draft and final policy bulletin, etc.



**In Billing and Reimbursement**

information necessary for claim submission, including billing tips, provider-specific procedure code databases (including fee screens), electronic billing information, Sanctioned Provider list, Beneficiary Co-Payment Requirements, Third Party Liability, etc.

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**BILLING & REIMBURSEMENT**

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**Birth, Death, Marriage and**

**Electronic Billing**  
This link will provide important information and documents for all your electronic billing needs. Please view the B2B instructions and all Trading Partner information.

**Provider Specific Information**  
Related to billing and reimbursement for services to Medicaid, CSHCS, ABW, and MOMS beneficiaries.

**Third Party Liability**  
Coordination of benefits, casualty, manual, and related links.

**List of Sanctioned Providers**  
Lists providers excluded from Medicaid


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Hearing Aid Services




Home Health




Hospice



Local Health Department




Pharmacy




Physicians/ Practitioners / Medical Clinics

Anesthesia  
Certified Nurse MidWife  
Chiropractic  
MH/SA (PIHP/CMHSP/Children's Waiver)  
Oral Maxillofacial Surgeon  
Podiatry  
Practitioner and Medical Clinic  
Telemedicine Services  
Vision



Private Duty Nurses



School Based Services

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[Revenue Code Requirement Table](#)

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# Questions?

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